

Fee \$125.00 1st Truck-Additional Trucks \$50.00 (25% late fee if not registered prior to first job of the year)

2019
APPLICATION/REGISTRATION
HSTS SEPTAGE HAULER/CLEANER

Lorain County Public Health
9880 South Murray Ridge Road, Elyria, OH 44035
Ph# 440-322-6367 Fax# 440-322-6010

Business Name _____

Business Mailing Address _____ City _____ Zip _____

Owner/Operator _____

Business Ph# _____ Cell Ph# _____

Home Address _____ Email _____

Send Mail To: (Check One) Business Home Fax# _____

I Herby agree to comply with the Ohio Department of Health Household Sewage Regulation (O.A.C. Chapter 3701-29), and Lorain County Public Health Residential Sewage Regulations as they pertain to septage haulers. I acknowledge that copies of the above regulations are available at the Health Department for my review.

Septage Hauler/Cleaner Signature

Date

YOU ARE NOT REGISTERED UNTIL THE HEALTH DEPARTMENT HAS REVIEWED AND APPROVED THIS APPLICATION:

Office Use Only

Vehicle Inspection(s): Truck #1: Yes [] No [] Truck #2: Yes [] No [] Truck #3: Yes [] No []
(Attach inspection report forms for all vehicles)

Proof of testing requirements Yes [] No [] Copies of system specific training Yes [] No []

Proof of a surety bond Yes [] No [] Surety Bond # _____

Certificate of insurance Yes [] No []

Proof of completion of at least six continuing education hours from 2018 Yes [] No []

Registration Approved: Yes [] No [] Review/Approved by _____
(Registered Sanitarian)

Disposal Location Verified By _____

License Number(s) _____ Receipt Number _____ Date _____

_____ Check # _____ Cash [] Amt. \$ _____

_____ Processed by: _____

Please provide vehicle information on the back side of this application.

Vehicle # 1

Truck Make and Type _____

Color of Cab _____ Color of Tank _____ Year _____

Tank Maximum Capacity _____ (gallons) License Plate No. _____

Pump Size and Type _____

Location(s) of Disposal _____

Additional Trucks (Vehicle Permit required for each truck):

Vehicle # 2

Truck Make and Type _____

Color of Cab _____ Color of Tank _____ Year _____

Tank Maximum Capacity _____ (gallons) License Plate No. _____

Pump Size and Type _____

Location(s) of Disposal _____

Vehicle # 3

Truck Make and Type _____

Color of Cab _____ Color of Tank _____ Year _____

Tank Maximum Capacity _____ (gallons) License Plate No. _____

Pump Size and Type _____

Location(s) of Disposal _____

***If any changes are made to the above information during the 2019 license year
please notify this department.***